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GROUP: 1635**FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0827****SERIAL NO.: 10/772,542****FILED: February 5, 2004****CUSTOMER NO.: 32862****CONFIRMATION NO.: 7255****NUMBER OF PAGES: 8**

(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate)
and Preliminary Amendment.

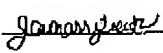
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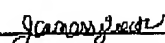
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. ISPH-0827	
Applicant(s): Bennett and Freier						
Application No. 10/772,542	Filing Date February 5, 2004	Examiner Not yet assigned	Customer No. 32862	Group Art Unit 1635	Confirmation No. 7255	
Invention: ANTISENSE MODULATION OF HKR1 EXPRESSION						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; flex-direction: row-reverse;"><div style="flex: 1; padding-right: 10px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div style="flex: 1; padding-left: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div>						
<div style="display: flex; align-items: center;"><div style="flex: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="flex: 1; text-align: center; margin-bottom: 5px;">Signature</div></div> <div>Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: October 8, 2004			
CC:			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</div> <div style="text-align: center; margin-top: 10px;">(Date)</div> <div style="border-top: 1px solid black; margin-top: 10px; height: 20px;"></div> <div style="text-align: center; margin-top: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; height: 20px;"></div> <div style="text-align: center; margin-top: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>			

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TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: October 8, 2004		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>		
cc:					

[illegible]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0827
Inventors: Bennett and Freier
Serial No.: 10/772,542
Filing Date: February 5, 2004
Examiner: Not yet assigned
Customer No.: 32862
Group Art Unit: 1635
Confirmation No.: 7255
Title: Antisense Modulation of HKR1 Expression

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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On October 8, 2004

Jane Massey Licata
Jane Massey Licata Registration No. 32,257

Commissioner for Patents
Washington, DC 20231

PRELIMINARY AMENDMENT

Claims 1-15 are pending in this application.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.